PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

IN DIAGINA.

L		Effec					1 140						
CLAIMS AS FILED - PART (Column 1)						ımn 2)		SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS							RAT	ET	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE :	375.00	OR	BASIC FEE	750.00	
TC	TAL CHARGE	minus 20=		*		X\$ 9	=		OR	X\$18=			
١,	DEPENDENT C	minus 3 =		*		X42:	=		OR	X84=			
MULTIPLE DEPENDENT CLAIM PRESEN							+140	_		OR	+280=		
* 1f	the difference	in column 1 is	ess than zero, enter "0" in column 2				TOTA	L.		OR	TOTAL		
CLAIMS AS AMENDED - PAR										•	OTHER		
(Column 1)			****	(Colun		(Column 3)	SMAI	_	ITITY	OR	SMALL		
AMENDMENT A		REMAINING NUMB AFTER PREVIOU AMENDMENT PAID F		BER DUSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	* 15,	Minus	** 25		= /	X\$ 9	-		OR	X\$18=		
AME	Independent	Minus *** ENTATION OF MULTIPLE DEPENDEN			CLAIM		X42=	-		OR	X84=		
_			JETH CE DE	LIVOLIVI	OLAM		+140	-		OR	+280=		
							TOT			OR	TOTAL ADDIT: FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT. F	== -			ADDIT. FEE		
<u></u>		CLAIMS	FOR STORY	HIGH	EST				ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA	RATE		ONAL FEE		RATE	TIONAL	
Ñ	Total	*	Minus	**		3	X\$ 9:	=		OR	X\$18=		
AM	Independent	* NTATION OF MI	Minus	***	CLAIM		X42=	T		OR	X84=		
_		THE STATE OF THE	DETIT EL DET	CHOCH	CEANIN		+140:	.		OR	+280=		
		TOT ADDIT, F			OR	TOTAL ADDIT: FEE							
		(Column 1)		(Colun	nn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID F	BER JUSLY	PRESENT EXTRA	RATE	TI	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
AME	Independent	*	Minus	***		=	X42=	T		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								1		OR	+280=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, onter "30" "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, onter "30" "OR ADDIT. FEE													
	The "Highest Num	ber Previously Pa	d For (Total or	Independe	nt) is the	highest number	found in the	аррго	priate box	cin col	umn 1		
FORM	FORM PTO-878 (Rov 12/02) **U.S. Government Printing Office 2003 489 2/3-89/11 Potentians Transcrank Office (L.S. DEPKH) MENT OF COMMICE												